

SERFF Tracking Number:	AOIC-125779444	State:	Arkansas
Filing Company:	Auto-Owners Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	HOM-AR-01-08/20/2008-57023		
TOI:	01.0 Property	Sub-TOI:	01.0002 Personal Property (Fire and Allied Lines)
Product Name:	Homeowners		
Project Name/Number:	HOM/57023 HOM		

Filing at a Glance

Company: Auto-Owners Insurance Company

Product Name: Homeowners

TOI: 01.0 Property

Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Filing Type: Form

SERFF Tr Num: AOIC-125779444

SERFF Status: Closed

Co Tr Num: HOM-AR-01-08/20/2008-57023

Co Status: Pending

Authors: Claudia Stewart, Jessica Turner

Date Submitted: 08/20/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Becky Harrington, Betty Montesi

Disposition Date: 08/22/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

Effective Date (New):

Effective Date (Renewal):

State Filing Description:

The TOI should be 4.0 Homeowners.

General Information

Project Name: HOM

Project Number: 57023 HOM

Reference Organization:

Reference Title:

Filing Status Changed: 08/22/2008

State Status Changed: 08/22/2008

Corresponding Filing Tracking Number:

Filing Description:

FORM FILING: 57023 (02-07) - Amendment of Deductible: Homeowners Policy

Form Attaches To:

Homeowners Policy Form 6

Homeowners Policy Form 4

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

<i>SERFF Tracking Number:</i>	<i>AOIC-125779444</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>HOM-AR-01-08/20/2008-57023</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Homeowners</i>		
<i>Project Name/Number:</i>	<i>HOM/57023 HOM</i>		

Homeowners Policy Form 3

Use: Attaches to all new and renewal policies to clarify that the deductible will be applied by location rather than per occurrence

Revisions to the form include:

Initial Filing

Submitted for your approval is the above-referenced form. Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

Manager:

JENNIFER HOUSLER, AIS, MANAGER

PERSONAL PROPERTY UNDERWRITING - SOUTH

HOUSLER.JENNIFER@AOINS.COM (emails without attachments)

perslinesund@aoins.net (emails with attachments)

517-886-1923

Underwriter:

ROBIN KREIS

KREIS.ROBIN@AOINS.COM

(517) 703-8985

Company and Contact

Filing Contact Information

Jennifer Housler, Manager

PO Box 30660

Lansing, MI 48909-8160

housler.jennifer@aoins.com

(800) 346-0346 [Phone]

(517) 391-1903[FAX]

Filing Company Information

Auto-Owners Insurance Company

P.O. Box 30660

Lansing, MI 48909-8160

CoCode: 18988

Group Code: 280

Group Name: Auto-Owners Ins
Group

FEIN Number: 38-0315280

State of Domicile: Michigan

Company Type: PC

State ID Number:

(800) 346-0346 ext. [Phone]

<i>SERFF Tracking Number:</i>	<i>AOIC-125779444</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>HOM-AR-01-08/20/2008-57023</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Homeowners</i>		
<i>Project Name/Number:</i>	<i>HOM/57023 HOM</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	08/20/2008	22037786

<i>SERFF Tracking Number:</i>	<i>AOIC-125779444</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>HOM-AR-01-08/20/2008-57023</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Homeowners</i>		
<i>Project Name/Number:</i>	<i>HOM/57023 HOM</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	08/22/2008	08/22/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Amendment Form of Deductible: Homeowners Policy		Jessica Turner	08/20/2008	08/20/2008

SERFF Tracking Number: *AOIC-125779444*

State: *Arkansas*

Filing Company: *Auto-Owners Insurance Company*

State Tracking Number: *EFT \$50*

Company Tracking Number: *HOM-AR-01-08/20/2008-57023*

TOI: *01.0 Property*

Sub-TOI: *01.0002 Personal Property (Fire and Allied
Lines)*

Product Name: *Homeowners*

Project Name/Number: *HOM/57023 HOM*

Disposition

Disposition Date: 08/22/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AOIC-125779444</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>HOM-AR-01-08/20/2008-57023</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Homeowners</i>		
<i>Project Name/Number:</i>	<i>HOM/57023 HOM</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form (revised)	Amendment of Deductible: Homeowners Policy	Approved	Yes
Form	Amendment of Deductible: Homeowners Policy		Yes

SERFF Tracking Number: AOIC-125779444 State: Arkansas
 Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: HOM-AR-01-08/20/2008-57023
 TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
 Product Name: Homeowners
 Project Name/Number: HOM/57023 HOM

Amendment Letter

Amendment Date:
 Submitted Date: 08/20/2008

Comments:

Added Readability Score

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Amendment of Deductible: Homeowner's Policy	57023	02-07	Endorsement/Conditions	New			51	57023 02-07.pdf

SERFF Tracking Number:	AOIC-125779444	State:	Arkansas
Filing Company:	Auto-Owners Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	HOM-AR-01-08/20/2008-57023		
TOI:	01.0 Property	Sub-TOI:	01.0002 Personal Property (Fire and Allied Lines)
Product Name:	Homeowners		
Project Name/Number:	HOM/57023 HOM		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendment of Deductible: Homeowners Policy	57023	02-07	Endorsement/Amendment/Conditions		51.40	57023 02-07.pdf

AMENDMENT OF DEDUCTIBLE
Homeowners Policy

It is agreed:

Under **SECTION I - PROPERTY PROTECTION, 5. DEDUCTIBLE** is deleted and replaced by the following:

5. DEDUCTIBLE

If a deductible is shown in the Declarations, no loss shall be paid until the amount of loss exceeds the deductible. The deductible shall apply to all coverages unless stated otherwise. If this policy applies to two or more locations, the applicable deductible shown in the Declarations shall apply separately to each location.

If this policy includes endorsements which contain separate deductibles, that deductible shall apply to loss covered by that endorsement. However, if damage resulting from the same loss is covered by this policy and an attached endorsement, only one deductible shall apply. We shall apply the largest applicable deductible to the entire loss.

All other policy terms and conditions apply.

SERFF Tracking Number: *AOIC-125779444*

State: *Arkansas*

Filing Company: *Auto-Owners Insurance Company*

State Tracking Number: *EFT \$50*

Company Tracking Number: *HOM-AR-01-08/20/2008-57023*

TOI: *01.0 Property*

Sub-TOI: *01.0002 Personal Property (Fire and Allied
Lines)*

Product Name: *Homeowners*

Project Name/Number: *HOM/57023 HOM*

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

08/22/2008

Comments:

Attachment:

57023 Transmittal.pdf

Property & Casualty Transmittal Document

Reset Form

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #: HOM-AR-01-08/20/2008-57023	
	g. SERFF Filing #: AOIC-125779444	
h. Subject Codes		

3. Group Name	Auto-Owners Insurance Group Company				Group NAIC #	280
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Auto-Owners Insurance Company	Michigan	280-18988	38-0315280			

5. Company Tracking Number	HOM-AR-01-08/20/2008-57023
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Jennifer Housler, AIS	Manager	517-886-1923	(517)391-1903	housler.jennifer@aoin.com
P.O. Box 30660 Lansing, MI 48909-8160				
7. Signature of authorized filer				
8. Please print name of authorized filer		Jennifer Housler, AIS		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	01.0 Property
10. Sub-Type of Insurance (Sub-TOI)	01.0002 Personal Property (Fire and Allied Lines)
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing title)	Homeowners
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	August 20, 2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	HOM-AR-01-08/20/2008-57023
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21. Filing Description	[This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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FORM FILING: 57023 (02-07) - Amendment of Deductible: Homeowners Policy

Form Attaches To:

Homeowners Policy Form 6

Homeowners Policy Form 4

Homeowners Policy Form 3

Use: Attaches to all new and renewal policies to clarify that the deductible will be applied by location rather than per occurrence

Revisions to the form include:

Initial Filing

Submitted for your approval is the above-referenced form. Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

Manager:

JENNIFER HOUSLER, AIS, MANAGER

PERSONAL PROPERTY UNDERWRITING - SOUTH

HOUSLER.JENNIFER@AOINS.COM (emails without attachments)

perslinesund@aoins.net (emails with attachments)

517-886-1923

Underwriter:

ROBIN KREIS

KREIS.ROBIN@AOINS.COM

(517) 703-8985

[View Complete Filing Description](#)

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:	\$50.00
Amount:	EFT

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	HOM-AR-01-08/20/2008-57023
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Amendment of Deductible: Homeowners Policy	57023	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	HOM-AR-01-08/20/2008-57023
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

<i>SERFF Tracking Number:</i>	<i>AOIC-125779444</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>HOM-AR-01-08/20/2008-57023</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Homeowners</i>		
<i>Project Name/Number:</i>	<i>HOM/57023 HOM</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Amendment of Deductible: Homeowners Policy	08/18/2008	57023 02-07.pdf

AMENDMENT OF DEDUCTIBLE
Homeowners Policy

It is agreed:

Under **SECTION I - PROPERTY PROTECTION, 5. DEDUCTIBLE** is deleted and replaced by the following:

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All other policy terms and conditions apply.